



APPLICATION FOR NEW COMMERCIAL SERVICE

Two forms of identification are required at least one must be a photo ID

New Service Start Date Requested _____ Move in Date _____

Name of Business _____

Service Address _____

Billing Address, if different _____

_____ Tax I.D. # _____

Owner Legal Name: First _____ MI _____ Last _____

Owner Home Phone _____ SS# _____ Date of Birth _____

Business Partner Name _____ Phone _____ SS# _____

Manager Name _____ Their Cell _____

Emergency Contact Name _____ Phone _____

SANITATION REQUIREMENTS

Trash Container Size _____ # of Containers _____ Pickup Days _____

(X) Per week	95 Gal Cart		2 Yard		4 Yard		6 Yard		8 Yard	
	1st Cart	Ea Add'l	1st Dumpster	Ea Add'l	1st Dumpster	Ea Add'l	1st Dumpster	Ea Add'l	1st Dumpster	Ea Add'l
1	\$19.88	\$16.59	\$46.27	\$39.52	\$71.95	\$58.10	\$92.95	\$77.53	\$125.32	\$104.54
2	\$24.91	\$19.58	\$62.88	\$51.90	\$106.06	\$97.38	\$151.86	\$132.36	\$198.25	\$172.79
3	\$31.20	\$21.96	\$79.48	\$64.26	\$138.57	\$109.64	\$192.05	\$153.62	\$243.03	\$194.41
4	\$39.49	\$25.49	\$100.18	\$74.42	\$169.10	\$129.49	\$231.97	\$174.96	\$292.99	\$221.28
5	\$50.21	\$30.53	\$120.12	\$81.78	\$196.67	\$147.09	\$267.49	\$191.08	\$338.58	\$241.86
6	\$62.79	\$34.52	\$154.61	\$97.54	\$246.96	\$183.27	\$335.72	\$230.46	\$425.05	\$291.81

I understand that a connection fee will be added to my first monthly bill. I hereby certify that all the foregoing information is truthful and accurate. I understand that failure to pay my bills will result in my service being terminated. I further understand that failure to pay my final account balance will result in my account being turned over to a collection agency. I understand I will be responsible for all additional collection agency charges and/or legal fees incurred in the collection of my delinquent balance as allowed by law.

Signature _____ Date _____

Office use only:

Deposit Paid \$ _____ Cash/Check # _____ Receipt # _____ Account # _____